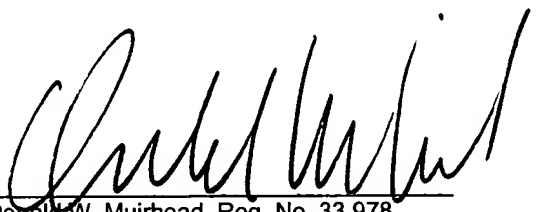
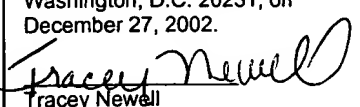
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AMENDMENT TRANSMITTAL LETTER				Docket Number WAM-03401																																												
Application Number 09/766,896		Filing Date January 22, 2001		Examiner Deo, Duy Vu		Group Art Unit 1765																																										
Invention Title STRIPPER COMPOSITION AND STRIPPING METHOD																																																
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application, including: <input type="checkbox"/> (X) Amendment and Response; and <input type="checkbox"/> (X) Return Receipt Postcard. CLAIMS AS AMENDED <table border="1"><thead><tr><th></th><th>(1) CLAIMS REMAINING AFTER AMENDMENT</th><th></th><th>(2) HIGHEST NUMBER PREVIOUSLY PAID FOR</th><th>(3) PRESENT NUMBER EXTRA</th><th>RATE</th><th>FEE</th></tr></thead><tbody><tr><td>TOTAL CLAIMS</td><td>17</td><td>Minus</td><td>20</td><td>0</td><td>x \$18</td><td>\$0</td></tr><tr><td>INDEPENDENT CLAIMS</td><td>15</td><td>Minus</td><td>15</td><td>0</td><td>x \$84</td><td>\$0</td></tr><tr><td>MULTIPLE DEPENDENT CLAIM ADDED</td><td colspan="4"></td><td>\$280</td><td></td></tr><tr><td colspan="5"></td><td>TOTAL</td><td>\$0</td></tr><tr><td colspan="4">If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.</td><td colspan="2">SMALL ENTITY TOTAL</td><td>\$</td></tr></tbody></table> <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20." *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <p><input type="checkbox"/> () Please charge Deposit Account Number 031721 in the amount of \$_____.</p> <p><input type="checkbox"/> () A check in the amount of \$_____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> (X) Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 031721.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div> Donald W. Muirhead, Reg. No. 33,978 December 27, 2002 Date</div><div style="border: 1px solid black; padding: 5px; width: 200px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on December 27, 2002.</p> Tracey Newell</div></div>								(1) CLAIMS REMAINING AFTER AMENDMENT		(2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(3) PRESENT NUMBER EXTRA	RATE	FEE	TOTAL CLAIMS	17	Minus	20	0	x \$18	\$0	INDEPENDENT CLAIMS	15	Minus	15	0	x \$84	\$0	MULTIPLE DEPENDENT CLAIM ADDED					\$280							TOTAL	\$0	If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL		\$
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